

AB 2674

Medi-Cal Equity for Primary Care Clinics

Sponsor: California Primary Care Association

BACKGROUND

Under current law, managed care participants are allowed to review a list and select a physician upon enrollment. Community clinics, which include Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), are not included on this list. By including clinics, patients will be able to receive the patient care they seek, convenient locations for those that have difficulty with transportation, linguistically and culturally competent service, and access to more comprehensive care, such as dental and optometry.

Although licensed and qualified to provide primary health care services, community clinics are excluded from the current managed care referral and assignment system. Newly enrolled Medi-Cal participants are assigned to individual physicians, not the community clinic. This means that should the physician leave the employment of the clinic, the patients assigned to the individual physician would also be obliged to follow, and much paperwork is required to retain patients who want to remain with the clinic rather than follow the physician. The inability to have managed care patients assigned to the clinics is financially destabilizing for clinics that stand to lose patients every time there is a staffing change.

SPECIFIC PROVISIONS OF AB 2674

This bill would provide that any enrollee in a Medi-Cal program or plan who affirmatively selects, or is assigned by default, to a community clinic would be assigned directly to the clinic. AB 2674 will clearly indicate in statute that community clinics are capable and eligible for receiving Medi-Cal enrollee assignments and referrals. AB 2674 will result in improved quality and continuity of care, increased patient choice, and better access to enabling services. In addition, this bill will ensure that community clinics become integrated into the state's managed care system and eliminate the precarious financial jeopardy clinics currently face under existing law.

AB 2674 also makes a technical amendment to Welfare & Institutions Code Section 14087.325(g), repealing the requirement of a waiver of cost-based reimbursement differential by clinics participating in managed Medi-Cal risk contracts. As requirement of a waiver is improper under federal law, this technical change will bring state law in compliance with federal law.

If you support this legislation, please send letters to:

Assembly Member Judy Chu
State Capitol, Room 5126
Sacramento, CA 95814

For more information, please contact Angela Pan at angela.pan@asm.ca.gov.